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to a collection of information unless it displays by valid OMB control number.

	PATI	ENT APPLIC		I FEE DETE ute for Form PT		NC	RECOI	RD		Applic	Wigh or Dockleto	umber /
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OR		OTHER THAN SMALL ENTITY	
	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	(\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))		en e				1		,,,				
SEA	RCH FEE FR 1.16(k), (i), or (m				•	1						
	MINATION FEE FR 1.16(o), (p), or (c	₀₎										
TOTAL CLAIMS (37 CFR 1.16(i))			minus 2) = *			x	. =		OR	x =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))		MS	minus 3			1	х	=			x =	
FEE	LICATION SIZE CFR 1.16(s))	sheets of is \$250 (i additional	f paper, th \$125 for s I 50 shee	and drawings ene application signall entity) for ts or fraction the (G) and 37 CFI	ize fee due each ereof. See							
MUL	TIPLE DEPENDE	NT CLAIM PRES	SENT (37 C	FR 1.16(j))								
• If the difference in column 1 is less than zero, enter •0• in column 2.							TOTA	NL]	TOTAL	
	APPLI	CATION AS	AMEND	ED – PART II								
(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OR	OTHEF SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1,16(i))	70	Minus	" <i>S</i>	= <i>O</i>		х	=	\ ''	OR	×50 =	,
	Independent (37 CFR 1,16(h))	. 6	Minus		-3] ,	x	=		OR	×300	600
	Application Size Fee (37 CFR 1.16(s))								·]		,
Ì	FIRST PRESENTA	TION OF MULTIPL	E DEPENDI	ENT CLAIM (37 CF	R 1.16(j))					OR	360	360
							TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE	MaiC
		(Column 1)		(Column 2)	(Column 3)					•	· /	\sim
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)	OR	RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	•	Minus	**	=		х	=	1.7		х =	
	Independent (37 CFR 1.16(h))	•	Minus	***	=		х	_		OR	x =	
	Application Size Fee (37 CFR 1.16(s))]						
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR		
							TOTAL ADD'L F	EE		OR	TOTAL ADD'L FEE	

"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"" If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.